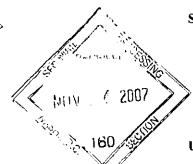
### FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

14187	768
OMB APP	ROVAL
OMB Number: Expires: Estimated average response	
SEC USE	ONLY
Prefix	Serial
Date Re	ceived

Name of Offering ( check if this is an amendment and name has changed, and indicate change	e.)
Private Placement of shares of Series B Preferred Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	6 Section 4(6) ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICATION DAT	ra
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Peregrine Capital Partners I, L.P.	
Address of Executive Offices [Number and Street, City, State, ZIP Code)	Telephone Number (including Area Code)
1159 Pittsford-Victor Road, Suite 120, Pittsford, New York 14534	585-218-5220
Address of Principal Business Operations [Number and Street, City, State, ZIP Code)	Telephone Number (including Area Code)
Operations (if different from Executive Offices)	
Brief Description of Business	
Titale investment tand	
Type of Business Organization	
corporation limited partnership already formed other (please specify):	OV 19 2007 /
business trust  limited partnership, to be formed	0/081377
Month Year <b>T</b>	HOMSON _
Actual or estimated Date of Incorporation or Organization: 04 07	INANO Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	
Abbreviation for State: CN for Canada;	
FN for other foreign jurisdiction)	DE

# GENERAL INSTRUCTION

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA									
2. Enter the information	on requested for th	ie following:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
• •	• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership								
•	<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/o									
check Bon(es) max rippi).	<u> </u>				Managing Partner				
Full Name (Last name first,	if individual):								
Peregrine Equity Manageme									
Business or Residence Addr									
1159 Pittsford-Victor Road,	•	, New York 14534							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual):								
Kyle D. Monroe		W W							
Business or Residence Addi	•								
1159 Pittsford-Victor Road,									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual):								
David Rowlands									
Business or Residence Addr 1159 Pittsford-Victor Road,	•								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	<ul><li>General and/or Managing Partner</li></ul>				
Full Name (Last name first, R. Matthew Scherer	if individual):								
	race (Number and Si	reet, City, State, Zip Code):							
1159 Pittsford-Victor Road,									
Check Box(es) that Apply:	•	Beneficial Owner	Executive Officer	Director	General and/or				
Check Box(es) that Apply:	Promoter		Executive Officer	☐ Director	Managing Partner				
Full Name (Last name first,	if individual):								
Business or Residence Addr	ress (Number and St	reet, City, State, Zip Code):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual):								
Business or Residence Adda	ress (Number and St	reet, City, State, Zip Code):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first,	if individual):								
Business or Residence Addr	ress (Number and St	reet, City, State, Zip Code):		1.00					
	(Use blank	sheet, or copy and use addition	nal copies of this sheet, as nec	essary)					

					B. INF	'ORMA'	TION AI	BOUT O	FFERIN	G		• •		
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠					
Answer also in Appendix, Column 2, if filing under ULOE.														
2.Wha	is the m	inimum i	nvestmer	t that wil	l be acce	pted fron	n any ind	ividual					\$	500,000
3. Does the offering permit joint ownership of a single unit?								Yes	No					
<ol> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.</li> <li>Full Name (Last name first, if individual)</li> </ol>						ndirectly, curities in with the								
Busine	ss or Res	idence A	ddress (N	lumber aı	nd Street,	City, St	ate, Zip C	Code)		•				
Name	of Associ	ated Bro	ker or De	aler					<u>.</u>		<u>.                                      </u>			
							licit Purcl			***********		All States		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
			rst, if indi										******	
Busine	ss or Res	idence A	ddress (N	lumber aı	nd Street,	City, St	ate, Zip C	Code)						
Name of Associated Broker or Dealer							-							
States (Check	in Which "All Sta	Person L tes" or cl	isted Has	Solicite	d or inter	ds to So	licit Purcl	haser					Il States	<u> </u>
[AL] [IL] [MT] [RI] Full Na	[AK] [IN] [NE] [SC] ame (Last	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN] rst, if indi	[CA] [KY] [NJ] [TX] ividual)	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name	of Associ	ated Bro	ker or De	aler										
States in Which Person Listed Has Solicited or intends to Solicit Purchaser (Check "All States" or check individual States)							All States							
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEI	DS
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
Common Preferred		18 1 1 1 1
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$ 50,000,000	\$0
Other (Specify)	\$	\$
Total	\$50,000,000	\$0
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".		Aggregate Dollar
	Number Investors	Amount of Purchases
Accredited Investors	rumber mivestors	s archases
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	Type or occurry	S
Regulation A		\$
Rule 504		\$
Total		\$
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$0
Printing and Engraving Costs	$\boxtimes$	\$5,000
Legal Fees	lacktriangle	s200,000
Accounting Fees	$\boxtimes$	\$25,000
Engineering Fees		s0
Sales Commissions (Specify finder's fees separately)		s 0
Other Expenses (identify) Administration		\$ 70,000
Total		\$ 300,000
1 Viut	<b>—</b>	Ψ <u> </u>

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES A	AND	<b>USE OF PROC</b>	EED	S	
b.		gate offering price given in response to Part					
		hed in response to Part C-Question 4.a. This					
	difference is the "adjusted gross proceed	ds to the issuer."		\$ 49,700,000			
_	11 4 1 1 4 4 4 4 6 4 4 4 4 4 4 4 4 4 4 4	• 4 4 4 8					
5.		justed gross proceed to the issuer used or poses shown. If the amount for any purpose is					
		eck the box to the left of the estimate. The					
		the adjusted gross proceeds to the issuer set					
	forth in response to Part C-Question 4.b						
	•			Payments			
				to Officers,			_
				Directors,			Payments To
	Salarias and face	X	•	& Affiliate		_	Others
			\$	1,250,000		\$_	
		on of machinery and equipment	\$	<del> </del>		۵. ۳.	
	•	gs and facilities	\$ \$	**************************************		2 -	•
		ling the value of securities involved in this	2			2 -	
		for the assets or securities of another issuer					
			\$		$\boxtimes$	\$	46,450,000
			\$			\$	
	Working capital		\$		$\boxtimes$	\$	2,000,000
	Other (specify)		\$			\$	<u> </u>
			\$			\$	
			\$	<del>-</del> -		\$	
	Column Totals		\$			\$	
	Total Payments Listed (column totals ac	lded)	\$			\$	
						_	
		D. FEDERAL SIGNATURE					
ТЬ	a issuar has duly saysad this notice to be	signed by the undersigned duly authorized per	·con	If this notice is t	Slad	unda	r Dula 505 tha
		ing by the issuer to furnish to the U.S. Securi					
		by the issuer to any non-accredited investor p					
			_				
lss	uer (Print or Type)	Signature	Da	te			
Per	egrine Capital Partners I, L.P.	3)62	Nο	vember <b>/2</b> , 2007	,		
_	me of Signer (Print or Type)	Title of Signer (Print or Type)	. 10	, <u>, , , , , , , , , , , , , , , , , , </u>			
	31 /						
Ку	le D. Monroe	Manager of Peregrine Equity Management L	LC,	General Partner of	f the	Issu	er

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

